

**AMENDMENTS TO THE SPECIFICATION:**

Please amend the specification as follows:

Amend the paragraph bridging pages 7 and 8, to read as follows:

-- Figure 1 shows a distal end of a tissue fastener application tool 10 according to an embodiment of the present invention. In this figure, tool 10 is in an intermediate position between a fully open position and a deployed position where the tool deploys a fastener to secure a tissue fold. Tool 10 preferably is used endoscopically, by insertion transorally through the esophagus, to fasten the fundic wall with a tissue fastener. Tool 10 includes a pair of pivot arms 12, 14 configured to pivot about a pivot point 16 located at a proximal end of arms 12, 14. Beneath arm 12 is located flange 11. Flange 11 is preferably shaped to fit into a groove located within sleeve 30 (shown in Figure 2 2A). This flange and groove is depicted in figure Figure 2A as a dove-tail joint, but may be any other mating configuration known in the art. At a distal end of arm 12 is a holding mechanism for holding a female part 40 of a two-part tissue fastener. Likewise, at the distal end of arm 14 is a holding mechanism to hold a male part 42 of the two-part tissue fastener. The female and male fastener parts 40,42 could be located on either pivot arm and are not intended to be limited to the configuration disclosed in the drawings. The two-part tissue fastener and its holding mechanisms may take the form of any suitable tissue fastener and holding mechanism known in the art, including, for example, holding mechanisms that include storage for housing multiple fastener parts.--

Amend the paragraph starting at page 8, line 3, to read as follows:

- Tool 10 further includes a closing tube 18 positioned over the proximal end of pivot arms 12, 14 where the arms intersect at pivot point 16. A spring device may be located at pivot point 16 to supply a spring force to normally hold arms 12,14 in an open position when closing tube 18 is in a retracted position, such as that shown in Figure 2 3. Arm 12 preferably is in a fixed position relative to tube 18 and arm 14 rotates from an open position (Figure 2 3) to a closed position (Figure 3 4) relative to arm 12. Tube 18 is hollow to accommodate arms 12,14 and the full span of rotation of arm 14. --

Amend the paragraph starting at page 9, line 6, to read as follows:

- Tissue fastener application tool 10 preferably is used in combination with an endoscope, such as an endoscope 2 according to an embodiment of the present invention and shown in Figures 2 and 3 2, 3, and 4. Endoscope 2 preferably is a small diameter endoscope that incorporates features needed for the surgical procedure, for example visualization (including imaging and a light source), insufflation, and/or steerability. Additional endoscope features, such as working channels for a biopsy device, may be eliminated so that the endoscope size is reduced, permitting the tissue fastener application tool to pass adjacent the endoscope within the lumen of the esophagus. Endoscope 2 may be approximately 3 mm in diameter, for example and include a light source 3 at its distal end that is capable of illuminating the upper gastrointestinal region. Endoscope 2 may also include an appropriate steering mechanism so that the distal end of the endoscope may be turned 180 degrees upon entry into the stomach, as shown in Figures 2 and 3 2, 3, and 4. --

Amend the paragraph bridging pages 9 and 10, to read as follows:

-- In another embodiment shown in Figure [[4]] 5, endoscope 2 may include alternative light and imaging/camera assembly 60. Rather than requiring the endoscope to curve around at the distal end through use of a steering mechanism, endoscope 2 could have light and imaging/camera assembly 60, in the form of a housing, at the distal end that allows both forward viewing as endoscope 2 is inserted into the stomach as well as rearward viewing to allow the operator to see the procedure once endoscope 2 is in the proper position. Assembly 60 may include a standard camera and light source 62 pointing away from the distal end of assembly 60 and also a second camera and light source 64 that branches off of endoscope 2 and points rearward (or proximally) toward the tool to be used in the procedure. A user may switch imaging and light through a suitable switch at the proximal end outside the patient between these forward and rearward views. This configuration allows for a streamlined endoscope and does not require the operator to change the position of the distal end of endoscope 2 to bring it from a forward pointing position during insertion to a rearward pointing position during the procedure.

Amend the paragraph starting at page 10, line 11, to read as follows:

-- In an embodiment, endoscope 2 may be used as a guide, like a guide wire, for the insertion of the tissue fastener application tool, as will be explained. Endoscope 2 also may include a stop, such as that shown in Figures 2 and 3 2, 3, and 4, in the form

of, for example, a ring 6 configured to set the position of tool 10 relative to endoscope

2. --

Amend the paragraph starting at page 10, line 15, to read as follows:

-- In operation, and according to an embodiment of a method of the present invention, endoscope 2 is inserted transorally, through the esophagus, and into the stomach. Endoscope 2 is manipulated so that the imaging and light source is in a position to view the esophagus and upper portions of the stomach, as shown in Figures 2 and 3 2, 3, and 4. If an endoscope having a distal assembly as shown in Figure [[4]] 5 is used, camera and light source 64 is switched on to view those portions of the gastrointestinal tract. The tissue fastener application tool 10 then is inserted into the esophagus along endoscope 2. --

Amend the paragraph starting at page 11, line 1, to read as follows:

-- As tool 10 is inserted through the esophagus and into the stomach, arms 12,14 preferably are in a closed position. Tool 10 is inserted until a portion of the distal end of sleeve 30 abuts against stop ring 6 of endoscope 2 so that tool 10 is at an appropriate position relative to endoscope 2 and its imaging and light assembly. Once tool 10 is in position, tube 18 is moved over arms 12,14 and towards the proximal ends of arms 12, 14 to rotate arm 14 to an open position away from arm 12. Endoscope 2 and tool 10 can then be moved proximally as a unit so that arms 12,14 are opened about a tissue fold 50 that is to be fastened together, as shown in Figure 2 3. --

Amend the paragraph starting at page 11, line 9, to read as follows:

-- During insertion, cable 20 is actuated to keep tube 18 over arms 12,14 to maintain this closed position. Because tool 10 is preferably in a closed position during insertion, a spring may be provided in channel 13 that would bias tube 18 into an open position once cable 20 is released. Once the tool is in position, the operator may release pull cable 20, thus causing closing tube 18 to move toward the distal ends of arms 12,14. As tube 18 moves closer to the distal ends of arms 12,14, force is applied until the two fastener parts 40, 42 are brought together in a mated position as seen in Figure 3 4. As closing tube 18 is actuated by pulling cable 20, it will counteract the force of the spring at pivot 16 and bring pivot arms 12, 14 together to mate the fastener parts 40, 42. --